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24024 7590 03/09/2004

CALFEE HALTER & GRISWOLD, LLP
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| | |
|-----------------------|--------------------|
| Wendy Frick | (Depositor's name) |
| <i>Wendy A. Frick</i> | (Signature) |
| April 12, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 10/077,719 | 02/15/2002 | Victorio C. Rodriguez | PS 00-07-01 | 2639 |

TITLE OF INVENTION: THERAPEUTIC AND PROPHYLACTIC TREATMENT OF AGING AND DISORDERS OF AGING IN HUMANS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$0 | \$665 | 06/09/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------|----------|----------------|
| PAK, JOHN D | 1616 | 514-400000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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(Date)

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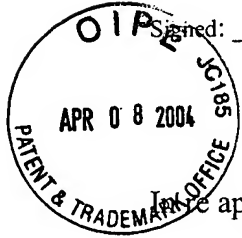
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03/09/2004 RNDWDAF2 00000127 10077719
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Signed: Wendy A. Frick

24024



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RODRIGUEZ, VICTORIO C.

Examiner: Pak, John D.

Art Unit: 1616

Attorney Docket No.:
27394/04002

For: **THERAPEUTIC AND PROPHYLACTIC
TREATMENT OF AGING AND
DISORDERS OF AGING IN HUMANS**

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL OF ISSUE FEE

Sir:

Transmitted herewith are the following:

1. Issue Fee Transmittal;
2. A check in the amount of \$695.00; and
3. A Return Receipt Postcard.

It is believed that no further fee is required relating to the filing of this document. If this is not the case, the Patent Office is hereby authorized to charge any related fee to Deposit Account No. 03-0172. A duplicate copy of this sheet is attached.

Respectfully submitted,

Date: April 6, 2004

By: Pamela A. Docherty
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